

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000044**

1. Entity Name
KENNY REAL ESTATE COMPANY (FLORIDA), LTD.



FILED
03 JAN 21 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2000 PGA BLVD. #3220
NORTH PALM BEACH FL 33408**

Mailing Address
**P.O. BOX 13076
NORTH PALM BEACH FL 33408**



2. Principal Place of Business
**1201 US HWY ONE
Suite, Apt. #, etc.
STE 435**

3. Mailing Address
**1201 US HWY ONE
Suite, Apt. #, etc.
STE 435**

DUE BY MAY 1, 2003

City & State
NORTH PALM BEACH FL
Zip
33408
Country
USA

City & State
NORTH PALM BEACH FL
Zip
33408
Country
USA

4. FEI Number **11-3200272**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KAMINSKI, CAROL ANN
414 EAGLETON COVE WAY
PALM BEACH GARDENS FL 33418**

7. Name and Address of New Registered Agent

Name
CAROL ANN KAMINSKI
Street Address (P.O. Box Number is Not Acceptable)
**1201 US HWY. ONE
Suite 435**
City
NORTH PALM BEACH FL Zip Code
33408

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Carol A Kaminski**
Signature, typed or printed name of registered agent and title if applicable.

DATE
1-6-03

9. Capital Contributions as Shown on record. **\$13,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **13000000.00**

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **F94000000069**
NAME **J.K.K. REALTY (DELAWARE), INC.**
STREET ADDRESS **C/O 1209 ORANGE STREET**
CITY-ST-ZIP **WILMINGTON DE 19801**

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP
**000010398740
01/21/03--01097--004 **526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **1/15/03** Daytime Phone # **561-626-5212**

001813 AT

CR2E003 (10/02)